

Town of Georgetown
BUILDING PERMIT APPLICATION

THIS APPLICATION IS NOT A PERMIT. NO CONSTRUCTION MAY BEGIN UNTIL THE PROPER APPROVALS HAVE BEEN RECEIVED (see back). The completed application must be submitted to the Building Inspector for his examination and plan review **BEFORE ANY WORK CAN BE STARTED**. Once application is approved, the Building Permit to work will be issued. If work is started without first obtaining a Building Permit, **Double Fees** will be imposed.

The undersigned applicant agrees to conform to the provisions of all applicable laws in the Town of Georgetown and the Massachusetts State Building Code.

OWNER _____ **CONTRACTOR** _____
ADDRESS _____ **ADDRESS** _____

PHONE _____ () _____ **PHONE** _____ () _____

MA LIC# _____ **H.I.C.#** _____
(Office Use Only > ☐ Ins Certs ☐ Lia ☐ W/C ☐ W/C Affit ☐ License ☐ Fee
☐ Energy ☐ EP Apl ☐ (1)Plot ☐ (3)Plan ☐ OoC ☐ Spc Perm

LOCATION OF WORK _____
ADDRESS _____ **ARCHITECT** _____
ZONING DISTRICT _____ **ADDRESS** _____
MAP _____ **LOT** _____ **LOT SIZE** _____ **PHONE** _____ () _____

Distance of Building/Addition from

Street Line _____ Rear Lot Line _____ Water Supply: Town _____ / Well _____
Right Side _____ Left Side _____ **Construction Sq. Footage** _____

DESCRIPTION OF WORK _____ **EST COST \$** _____
PERMIT FEES: _____
BUILDING _____
ELECTRICAL (2 per 1,000 est cost) DUE WITH APPL
GAS / PLUMBING (35 per Apl + 6 per fx) DUE WITH APPS
TOTAL FEES \$ _____

<u>Type of Work</u>	<u>Proposed Use</u>		<u>Principal Construction</u>
_____ New Building	Residential	Non-Residential	_____ Masonry
_____ Addition	_____ Single Family	_____ Church/Religious	_____ Wood
_____ Alteration	_____ Multi family	_____ Office, Bank	_____ Steel
_____ Repair	_____ Garage	_____ School. Educational	_____ Concrete
_____ Demolition	_____ Other _____	_____ Stores, Mercantile	_____ Other _____
_____ Other _____		_____ Other _____	

(Applicant)
Printed Name _____ **Signature** _____ **Date** _____

(Do Not Write in this Area)

PERMIT B _____		Completed Application	Received
Special	Date Issued _____	Amount	Fee
Conditions/Restrictions: _____		Type	Fee / Check No.

Approved _____

Building Official/Zoning Enforcement Officer (978) 352-5736 / Fax (978) 352-5725

In accordance with the provisions of Massachusetts General Laws, Chapter 40, § 54, a condition of a Building Permit is that the debris resulting from this work shall be disposed of in a properly licensed solid waste disposal facility as defined by Massachusetts General Laws, Chapter 111, § 150A.

A **Permit for a Rubbish Container** (6 cubic yards or more) must be obtained from the **Board of Health**
(978) 352-5720

The debris will be disposed of in

(Location of Facility or Disposal Company)

Printed Name _____

Signature of Applicant

Date _____

Please sketch below, **Lot Size** showing **Location of Septic System** and **Setbacks** from proposed work to property lines if applicable.



Permit Application MUST be Complete in Full

Building Inspections:

It is the responsibility of the person obtaining a Building Permit to notify the Building Inspector when the work is ready for inspection. No work should be covered before an inspection has taken place.

A REQUEST FOR INSPECTION is required in accordance with the following schedule:

- 1st - Excavation/Footings** after forms are set and prior to placement of concrete materials.
- 2nd - Foundation Walls** prior to backfilling.
All Service Equipment (Electrical, Plumbing, Heating and Gas Systems Rough-in) prior to cover or concealment and Final Service Conducted prior to final Building Inspection.
- 3rd - Rough Framing** prior to application of insulation or interior wall coverings
- 4th - Final Inspection** by the Building Inspector prior to a Permitted Use and Occupancy Permit
- 5th -** And on such special occasions as the Building Inspector may designate.

Schedule of Building Permits and Related Fees

(Fee Schedule is Subject to Periodic Review and Changes may not Immediately be Reflected)

(Fees In Effect 3/1/2007)

New Dwellings and Additions	\$7.00 per \$1,000.00 Construction Cost Based on the Actual Construction Cost, but, not lower than a Minimum Construction Cost of \$110.00 per square foot.
Garages	\$7.00 per \$1,000.00 Construction Cost Based on the Actual Construction Cost, but, not lower than a Minimum Construction Cost of \$30.00 per square foot.
Porches & Decks	\$7.00 per \$1,000.00 Construction Cost Based on the Actual Construction Cost, but, not lower than a Minimum Construction Cost of \$30.00 per square foot.
Swimming Pool Permit Fee	\$40.00 Above-Ground Pool
Demolition Permit Fee	\$40.00
Minimum Fee	\$40.00
Sign Permit Fee <i>(Board of Appeals permission may apply)</i>	\$40.00 each
Stove Permit Fee	\$40.00 each
Tent Permit Fee	\$40.00 per tent
Loss of Building Permit	\$25.00 re-issue fee
Re-Issue Expired Permit	\$25.00 fee for each
Re-inspections	\$25.00 fee for each
Occupancy Permits	\$50.00 fee for each

Upon completion, application must be submitted with plans, fees and any other necessary information to the Building Inspector for his review. This process may take up to 30 days. (Massachusetts State Building Code, Sec. 114.0 and 114.1, Permits and Action on Applications.)

Required Approvals as Determined (Prior to Submission to Building Inspector)

BOARD OF ASSESSORS 978-352-5708	Location _____ MAP _____ LOT _____	Signed _____ Date _____
TAX COLLECTOR 978-352-5770		Signed _____ Date _____
PLANNING BOARD 978-352-57013	Lot Release _____ Approval Not Required Plan _____ Special Permit _____ Site Plan Review _____	Signed: _____ Date: _____
BOARD OF HEALTH 978-352-5720	Septic _____ Well _____ Asbestos _____ Keeping of Animals _____	Signed: _____ Date: _____
CONSERVATION COMMISSION 978-352-5712	Site Walk _____ Under Juris. _____ DoA _____ OoC _____	Signed: _____ Date: _____
FIRE DEPARTMENT 978-352-5757	Alarms _____ Suppression _____ Burners _____ Hydrant/Water Supply _____ Storage _____	Signed: _____ Date: _____
WATER DEPT 978-352-5750 1 Moulton St	Water Service _____	Signed: _____ Date: _____
HIGHWAY DEPARTMENT 978-352-5704 203 East Main St	Driveway Approval _____ Curb Cut _____	Signed: _____ Date: _____
ELECTRIC LIGHT DEPT 978-352-5730 94 Searle St		Signed: _____ Date: _____
<u>SPECIAL APPROVALS</u> ZONING BOARD OF APPEALS 978-352-5742	Special Permit _____ Variance _____ Site Plan Review _____	Decision #: _____ Signed _____ Date _____

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